

ACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 25-MAY-2011		TIME 22:29:00		2. ADDRESS OF OCCURRENCE 10 1/2 N KILBOURN AVE CHICAGO, IL 60624			3. LOCATION CODE 304		4. BEAT/OCCUR 1113											
INVOLVED	5. POSITION 9161		6. LAST NAME MCDERMOTT		7. FIRST NAME SEAN T		8. STAR NO. 6435		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI		11. AGE 508		12. HT. 175					
	14. DATE OF APPT. 22-MAY-2006		15. EMPLOYEE NO. 100859		16. UNIT & BEAT OF ASSIGNMENT 153 4430A		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No									
	20. LAST NAME JACOBS		21. FIRST NAME TIFFANI		22. M.I. 01 M <input checked="" type="checkbox"/> 02 F		23. SEX BLK		24. RACE 28-MAY-1981		25. D.O.B.		26. HT. 508		27. WT. 200					
	28. ADDRESS 305 1/2 N CENTRAL PARK AVE CHICAGO, IL 60624				29. TELEPHONE NO.		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No				31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No							
INFORMATION	33. WHERE WAS MEDICAL TREATMENT OBTAINED? MOUNT SINAI HOSPITAL				34. BY WHOM? ER		35. CONDITION <input checked="" type="checkbox"/> 01 Apparently Normal <input type="checkbox"/> 02 Under Influence <input checked="" type="checkbox"/> 03 Hospitalized <input type="checkbox"/> 04 Not Hospitalized <input type="checkbox"/> 05 Refused Medical Aid													
	36. CHARGES PLACED				37. CB NO. 18149679				IR NO.											
					DNA															
SUBJECT'S ACTIONS	PASSIVE RESISTER				ACTIVE RESISTER				ASSAULT/ASSAULT				ASSAULT/BATTERY				ASSAULT/DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>				FLED <input type="checkbox"/>				IMMINENT THREAT OF BATTERY <input type="checkbox"/>				ATTACK WITH WEAPON <input type="checkbox"/>				USES FORCE LIKELY TO CAUSE DEATH OR GREAT BODILY HARM <input type="checkbox"/>			
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>				PULLED AWAY <input checked="" type="checkbox"/>				OTHER _____				ATTACK WITHOUT WEAPON <input type="checkbox"/>				WEAPON <input type="checkbox"/>			
	OTHER _____				OTHER _____								OTHER _____				OTHER _____			
MEMBER'S RESPONSE	MEMBER PRESENCE <input checked="" type="checkbox"/>				OPEN HAND STRIKE <input checked="" type="checkbox"/>				ELBOW STRIKE <input type="checkbox"/>				KNEE STRIKE <input type="checkbox"/>				FIREARM <input type="checkbox"/>			
	VERBAL COMMANDS <input checked="" type="checkbox"/>				TAKE DOWN / EMERGENCY HANDCUFFING <input type="checkbox"/>				CLOSED HAND STRIKE/PUNCH <input type="checkbox"/>				KICKS <input type="checkbox"/>				OTHER _____			
	ESCORT HOLDS <input type="checkbox"/>				OC CHEMICAL WEAPON <input type="checkbox"/>				IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>				IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>							
	WRISTLOCK <input type="checkbox"/>				CANINE <input type="checkbox"/>															
WEAPON DISCHARGE INCIDENT	ARMSBAR <input type="checkbox"/>				TASER (Probe Discharge) <input type="checkbox"/>															
	PRESSURE SENSITIVE AREAS <input type="checkbox"/>				TASER (Contact Stun) <input type="checkbox"/>															
	CONTROL INSTRUMENT <input type="checkbox"/>				TASER (Laser Targeted) <input type="checkbox"/>															
	OC/CHEMICAL WEAPON WAUTHORIZATION <input type="checkbox"/>				TASER (Spark Displayed) <input type="checkbox"/>															
INFO.	OTHER _____				OTHER _____				OTHER _____				OTHER _____				OTHER _____			
SIGNATURES	38. OC/CHEMICAL WEAPON AUTHORIZED BY (NAME)				40. ADDITIONAL INFORMATION															
	POSITION				STAR NO.				UNIT											
SIGNATURES	41. WEAPON TYPE <input type="checkbox"/> 01 REVOLVER <input type="checkbox"/> 02 RIFLE <input type="checkbox"/> 03 SHOTGUN				04 SEMI-AUTO PISTOL <input type="checkbox"/> 05 CHEMICAL WEAPON <input type="checkbox"/> 06 TASER (Probe Discharge) <input type="checkbox"/> 07 OTHER				42. INCIDENT OCCURRED <input type="checkbox"/> Indoors <input checked="" type="checkbox"/> Outdoors				43. LIGHTING CONDITIONS <input type="checkbox"/> 01 Daylight <input type="checkbox"/> 02 Night <input type="checkbox"/> 03 Dawn <input type="checkbox"/> 04 Dusk <input type="checkbox"/> 05 Poor Artificial <input type="checkbox"/> 06 Good Artificial				44. WEATHER CONDITIONS RAIN			
	45. MAKE/MANUFACTURER				46. MODEL				47. BARREL LENGTH				48. CALIBER/GAUGE							
	49. TASER DART ID NO.				50. WEAPON SERIAL No. (Include Letters)				51. CHICAGO GUN REG. NO.				52. IL FIREARM OWNER ID. NO.				53. HANDGUN CERTIFICATE NO.			
	54. SPECIAL WEAPON CERTIFICATE NO				55. PROPERTY INVENTORY NO.				56. TYPE OF AMMUNITION USED				57. NO. OF WEAPONS DISCHARGED BY THIS MEMBER.				58. TOTAL NO. OF SHOTS MEMBER FIRED			
SIGNATURES	59. WHO FIRED FIRST SHOT <input type="checkbox"/> 01 MEMBER <input type="checkbox"/> 02 OFFENDER <input type="checkbox"/> 03 OTHER (SPECIFY)				60. WAS FIREARM RELOADED DURING INCIDENT <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO				61. NO. OF CARTRIDGES/ SHOT SHELLS RELOADED				62. HOW WAS MEMBER'S HANDGUN WORN <input type="checkbox"/> 01 RT. SIDE (WAIST) <input type="checkbox"/> 02 LT. SIDE (WAIST) <input type="checkbox"/> 03 OTHER (Specify)				63. DID MEMBER USE SIGHTS <input type="checkbox"/> 01 YES <input type="checkbox"/> 02 NO			
	64. SPECIFY METHOD/EQUIPMENT USED TO RELOAD				65. DISTANCE BETWEEN INVOLVED MEMBER & OFFENDER WHEN FIRST SHOT WAS FIRED <input type="checkbox"/> 01 0 - 05 FT. <input type="checkbox"/> 02 05 - 10 FT. <input type="checkbox"/> 03 10 - 15 FT. <input type="checkbox"/> 04 OVER 15 FT.															
	66. PERSON/OBJECT STRUCK AS RESULT OF THE DISCHARGE OF MEMBER'S WEAPON <input type="checkbox"/> 01 PERSON <input type="checkbox"/> 02 OBJECT <input type="checkbox"/> 03 BOTH <input type="checkbox"/> 04 UNKNOWN				67. POSITION OF MEMBER DISCHARGING WEAPON <input type="checkbox"/> 01 STANDING <input type="checkbox"/> 02 LYING DOWN <input type="checkbox"/> 03 SITTING <input type="checkbox"/> 04 KNEELING <input type="checkbox"/> 05 OTHER (SPECIFY)															
SIGNATURES	70. NOTIFICATIONS (OC OR TASER INCIDENT): <input type="checkbox"/> OEMC <input checked="" type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR.				71. NOTIFICATIONS (FIREARM INCIDENT): <input type="checkbox"/> OEMC <input type="checkbox"/> DESK SGT. & W.C./DIST. OF OCCUR. <input type="checkbox"/> OP GOMMAND <input type="checkbox"/> DET. DIV.				Members will ensure that all required notifications and all witnesses to this use of force are documented in the appropriate case report.											
	73. REPORTING MEMBER (Print Name) MCDERMOTT, SEAN T				STAR/EMPLOYEE NO. 6435				SIGNATURE [Signature]											
	26-MAY-2011 05:47:51																			
	Reviewing supervisor will ensure the legibility and completeness of this report and attest by entering the required information below.																			
SIGNATURES	74. REVIEWING SUPERVISOR (Print Name) HUGHES, FRED L				STAR NO. 1719				SIGNATURE [Signature]				DATE REVIEWED 26-MAY-2011 05:51:32				TIME			

D-11.377 (REV. 10/07)

LOG # 1045673

Attachment # 1

WATCH COMMANDER/OCIC REVIEW

THE WATCH COMMANDER WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS THAT DID NOT INVOLVE THE DISCHARGE OF A FIREARM; 2.) FIREARM DISCHARGE INCIDENTS INVOLVING THE DESTRUCTION OF AN ANIMAL OR; 3.) ACCIDENTAL DISCHARGE OF A FIREARM NOT RESULTING IN AN INJURY TO ANY PERSON.

THE ADS WILL COMPLETE THE REVIEW SECTION FOR ALL INCIDENTS INVOLVING: 1.) THE DISCHARGE OF A FIREARM OR IMPACT MUNITIONS BY OR AT A DEPARTMENT MEMBER EXCEPT FOR AN ANIMAL DESTRUCTION OR AN ACCIDENTAL DISCHARGE THAT DOES NOT RESULT IN AN INJURY TO ANY PERSON; 2.) MEMBER'S USE OF FORCE BY WHATEVER MEANS THAT RESULTS IN THE DEATH OF A PERSON; 3.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 OR 2.

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ UNABLE TO INTERVIEW (Specify Reason)

Offender undergoing emergency medical treatment at this time.

76. WATCH COMMANDER/OCIC RATIONALE FOR BOX 77 FINDING

CL #1045673 Based upon all information known at this time, I have concluded that the officer's actions were in compliance with Department procedures and directives.

77. WATCH COMMANDER/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES.

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO. _____ OBTAINED

78. WATCH COMMANDER/OCIC (Print Name)

GULLIFORD, WAYNE M

SIGNATURE

DATE COMPLETED TIME

26-MAY-2011 06:13:17

79. DISTRIBUTION OF ORIGINAL TRR:

A TRR PACKET, INCLUDING THE TRR AND COPIES OF THE BELOW LISTED ATTACHMENTS WILL BE FORWARDED TO THE OFFICE OF PROFESSIONAL STANDARDS.

ATTACHMENTS - PHOTOCOPIES OF:

☐ CASE REPORT

☐ ARREST REPORT

☐ SUPPLEMENTARY REPORT

☐ OFFICER BATTERY REPORT

☐ TO/FROM-SUBJECT REPORTS FROM DEPARTMENT WITNESS(ES)

☐ I.O.D. REPORT

☐ CR INITIATION REPORT

80. TOTAL TRR's THIS EVENT No.

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